

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">16755387</div>	Filing Date		
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			3							

Filing Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			3			
Total Depend			15			
Total Claims			18			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						